

CHAPTER OVERVIEW

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5.1 Policy Requirements – Children’s Treatment Services (CTS)

Children's Treatment Services (CTS) are intended to supplement, rather than supplant, the casework of the Children’s Service Worker (CSW). These services should be helpful in reducing risk and improving family functioning and are to be identified in the Family Plan For Change.

NOTE: When contracted services are used, the Children Service Worker will act as the treatment team leader. The worker is responsible for the direction of the case and outcome of services.

Using CTS services requires the Children’s Service Worker to:

- Conduct an Emergency Assistance Services (EAS) assessment when an emergency situation exists for the family. An emergency situation exists when it is determined that abuse or neglect has occurred, a preventive services case is opened, and, because of an emergency situation, a child is at risk of abuse or neglect, or a child is placed in out-of-home care because of abuse or neglect. Complete a Missouri Title IV-A Emergency Assessment Services Form (CS-EAS-1) with the family, or when the child is in out-of-home care, the worker will complete the form. This is required when the

decision has been made that purchased services will be delivered to the client. (Services which may be provided under EAS include CTS and all other purchased services, such as day care, residential treatment, foster care, relative care, emergency shelter, intensive in-home services, etc.)

Related Subject: Chapter 5, of this section, Attachment C, Crisis Intervention Funds.

- Authorize these services by completing forms CS-67 and CS-67A and update these forms when changes are needed;
- Convey to each provider an understanding of the family situation, treatment issues to be addressed, and the specific services to be purchased.

This notification shall be given to the provider prior to the onset of the service delivery. It shall be presented through completion of form CS-13, Children's Treatment Services Referral Summary. Additional information should be attached as necessary.

- Remain involved with the family. Ongoing communication with the family members and contracted provider(s) is required to ensure services are provided to the family in an effective manner.

5.2 Definition and Purpose

Children's Treatment Services (CTS) are contracted therapeutic services provided by independent, private providers. They are to be used to meet the service needs of the family which were identified in the family assessment. These services are purchased by the Division on behalf of the family.

5.3 When to Use CTS

The Children's Service Worker should consider authorizing CTS when any of the following exist:

- Services which are needed are only available through contracted providers, i.e., day care, respite care;
- The family shows a need for a type of service that the worker is not qualified or able to provide;
- A contracted provider is best able to meet the service needs of the family due to other caseload demands upon the worker;
- An "expert witness" is required for impending court testimony and the worker would not be considered as an "expert witness", i.e., a Master's level degree in social work or counseling, or when a second opinion is deemed helpful;

- The juvenile court orders services that can best, or must, be provided by a contracted provider;
- A family member requests CTS services which may reduce levels of risk and improve family functioning.

5.4 CTS Referral Issues

Family members may view professional guidance and therapy with apprehension or fear. The Children's Service Worker should help the family perceive this type of intervention as a positive way to improve family relationships and resolve conflict. Putting therapy in a punitive light will only make the family members feel angry, embarrassed, and resentful about participating.

The family should clearly understand the reasons for the referral and the objectives to be accomplished. When possible, the objectives should be stated in behaviorally specific terms and be measurable. This same information must be clear to the therapist.

It is also important that the therapist understand that the intervention of the Division is to bring families to minimally acceptable community standards. While it is important to give the therapist time to help the family resolve some of the problems and conflicts, the therapist should understand that the provision of services is time-limited.

If all family members are not willing to participate in family/group therapy, treatment should begin with one member or part of the family. Treatment may help those who are participating to resolve some issues and gradually encourage the reluctant family member to participate. Often, families begin to complain when sensitive issues arise and begin to be addressed. It is vital that the Children's Service Worker encourage the family to continue the therapy.

The Children's Service Worker should not arbitrarily refer all clients to the same therapist (unless this is the only resource). Workers should determine which provider best meets the family members' needs. He/She may ask the family members how they learn best. For example, do they learn best by talking, through demonstrations, viewing films, reading, participating in groups, or individually. This can help determine the best referral source and can assist the referral agency in planning the treatment. Other factors to consider are the therapist's empathy for the client(s), a comfortable mix of personalities, the therapist's ability to help with this particular set of problems, and the therapist's availability.

Professional treatment may not be the immediate solution or cure-all. It may be helpful only in clarifying client feelings and helping the family find better ways to cope with problems. This may be the most lasting benefit of this type of intervention.

5.5 Communication With the CTS Provider

Contracted services to an individual or family shall be provided based on the goals developed by the Children's Service Worker, family or individual, and the provider. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered.

5.5.1 Content of Referral

The Children's Service Worker shall submit a written referral summary to the provider before the provider initiates services with the family member(s). (Verbal referrals must be followed by the written referral.)

A copy of form CS-13, Children's Treatment Services Referral Summary, can be found in Section 3, Chapter 6, Attachment A. In most instances this form will provide the CTS provider with the necessary information to begin his/her delivery of services. **Additional information deemed necessary by the Children's Service Worker may be attached.** A copy will be kept for the case record in the Forms Section of the case record.

At a minimum, the written referral summary will contain:

- Relevant background data on the family;
- History of Children's Division (CD) involvement;
- Description of presenting problems/symptoms;
- Summary of treatment goals for the family, including expected time limits of the family treatment plan;
- Expected outcomes of the CTS intervention and estimated length of CD involvement;
- Plan for information sharing and service coordination. At a minimum, this must include the provider's 30-day initial report and subsequent 90-day reports as required in the CTS contract; and
- Additional comments, as appropriate.

NOTE: Form CS-40 will be used in protective services day care referrals in lieu of the CS-13.

5.5.2 Ongoing Communication

Verbal communication should occur continuously between the Children's Service Worker, provider, and family or individual. Verbal communication between the worker and provider is essential.

As case manager, the Children's Service Worker must monitor the progress of the treatment plan, including the work of contracted providers. The worker shall be in regular contact with the contracted providers in addition to receiving regular written reports.

The current CTS contract requires the provider to submit a written report to the Children's Service Worker within 30 days after service is initiated and every subsequent 60 days. More frequent reporting is preferred and may be requested, but provider compliance is voluntary.

Related Subject: Chapter 6, of this section, Attachment C, CTS Provider Requirements.

The reports should include dates of contacts, persons attending counseling, the progress or regression of the behavior of those in counseling, the goals/objectives reached, and the methods used by the therapist in obtaining these goals/objectives. Time frames shall be given on each report as to the projected length of time it takes to achieve specific goals and also the estimated time for the conclusion of the counseling.

5.6 Procedural Steps for Authorizing CTS

The following steps are to be taken by the Children's Service Worker when authorizing CTS:

1. Determine the appropriate treatment services with the family during the assessment and planning process;
2. Include the service in the Family Plan for Change, if agreed upon;
3. Conduct an Emergency Assistance (EAS) assessment when an emergency situation exists for the family.
4. Complete the CS-67 and immediately enter into the system;
5. Obtain clearance from the authorizing designee, according to local policy, to complete an authorization (CS-67A) for Children's Treatment Services or protective service day care.

Related Subject: Chapter 6, of this section, Attachment B, Listing of Purchased Services.

6. Arrange referral with the provider. Identify the local office contact person for the provider to contact if there are problems with an authorization or invoice regarding services for this client;
7. Complete the CS-67A. Enter appropriate service codes, per forms instructions;
 - Obtain the signature of the authorizing designee prior to data entry;.
8. Enter the CS-67A into system immediately;

NOTE: The system will produce appropriate notification the evening following entry, to both client and provider, for all services authorized. This notification is mailed to the client and the provider.

When the client is in need of an immediate or emergency service, and the notification is required within five (5) working days, enter the CS-67A into the system, then:

- Request that an "Immediate/Emergency Authorization" notice be printed;
- Provide the client with this notice to hand-deliver to the provider;

Related Subject: Forms Manual, for instructions regarding the CS-67A.

- File a second copy in the case record; and
 - Inform the client that an ongoing authorization letter will follow to both him/her and the provider;
9. Review the CS-67 and CS-67A turnarounds upon receipt to ensure correctness of all eligibility and authorization information which was entered into the system;

NOTE: A copy of all client notifications generated by the SEAS system will be sent to the authorizing worker. A copy of provider notification will be sent to the county director/designee.

10. Complete and submit a Children's Treatment Services Referral Summary, form CS-13, to the CTS provider the CS-40 is used for protective services day care referrals.

Related Subject: Chapter 6, of this section, Attachment E, Protective Services Day Care.

5.7 Procedural Steps for CTS Payment

The following procedures are required by the county director/payment designee to ensure payment for CTS services:

1. The county director/payment designee must review each CS-65A, "SEAS Invoice," submitted by the provider, for these factors:
 - a) Completeness - check each invoice to ensure that entries have been made in all line items and column totals, and that each invoice is signed and dated by the provider.
 - b) Reasonableness - maintain controls for each invoice to ensure that the provider has completed all contractual agreements (i.e., the timely completion of quarterly reports, or that service was delivered per arrangements, between provider and the agency);

NOTE: At the time of authorization the provider's contracts and licenses are checked by the system. If, after the invoice is produced, the contract or license of a provider lapses or is closed during that invoice period, it is the responsibility of the payment designee to authorize payment only for the services provided during the time a valid contract or license existed. An invoice will not be produced in future months, even if actual authorizations remain open to the provider who no longer has a contract or license.

Related Subject: Forms Manual for further clarification of CS-65A.

2. Check the services and frequency claimed on each CS-65A submitted for payment for Children's Treatment Services against the CS-108(s) (Client Sign-In Register) that are to be attached. Assure that the services delivered, the frequency of attendance, and contracted length of time for the units billed coincide with that claimed on the CS-65A;

NOTE: If an invoice is submitted without a CS-108 attached for one or more clients, another method of verification may be used, such as direct contact with the client. When another type of verification is obtained, the county director/payment designee will document and attach this information to the CS-65A. It is mandatory that service delivery be verified.

NOTE: Sign-in forms for children who are unable to sign for themselves may be completed by a parent or parent substitute (i.e., foster parent, CSW).

NOTE: For P.S. day care cases, the client is required to sign the Day Care Sign-In Register (CS-109). It will not be mandatory that these forms accompany each CS-65A submitted for payment. However, if a county director/payment designee questions any child's claimed attendance, these signed forms may be requested from the provider, and reviewed prior to payment for their child being entered into the system.

3. Contact the provider whenever an error is identified on the invoice.
 - a) Return to the provider any CS-65A that is initially submitted for payment more than 60 days after the month of service delivery. This is in accordance with the provider's contract. The system will not allow entry of any invoice when the initial date of receipt is more than 60 days past the month of service delivery. Note this problem on the invoice that is returned to the provider.
 - b) Return to the provider, for correction, any CS-65 when either the entire invoice is in error or an error exists within a particular line item, and when these errors cannot be corrected by the county office after discussion with the provider.
 - c) Complete a CS-107 and attach to any invoice returned to provider. Indicate the reason returned and any action needed which will allow the county office to process the invoice in question.
 - d) Correct and initial any specific line item containing a minor error after contacting and reaching an agreement with the provider. Return a copy of the corrected CS-65A to the provider;
4. Enter or have entered the CS-65A into the system to generate payment to provider;
5. Send the original of each invoice to the Division of Budget and Finance (DBF);
6. File "office copy" in the business file;
7. The county director/payment designee must obtain verification from the Children's Service Worker that written reports were received, where appropriate, from the service provider by the end of contracted treatment period.

DO NOT PROCESS PAYMENT IF A WRITTEN REPORT IS NOT RECEIVED.

5.8 Procedures for Ongoing Use, Updating, and Closing of CTS

The following procedures are required of the Children's Service Worker for ensuring the efficient use of CTS:

1. Obtain progress or evaluation reports from the service provider, as needed, and as required by the provider's contract;
 - Inform the payment designee if written reports are not received appropriately. Payment for these services will not be made until reports are received;
2. Update the CS-67A when the frequency of service is to be increased (i.e., a child in day care, authorized for three (3) days per week, but now needs to attend five (5) days per week);
3. Close authorization(s), using CS-67A turnaround, when a client's actual service needs change, the frequency is to be reduced, a client moves to another county, or when the case plan indicates CTS or P.S. day care is no longer needed.
 - a) Complete a new authorization (CS-67A) for an alternate service, when needed.
 - b) Complete a new authorization (CS-67A) when frequency of service is reduced or increased.
 - c) When a client, presently authorized for a service, moves to another county/area he/she shall continue to receive the service if:
 - The client continues to need the service, and
 - A provider is available to provide the service.
 - When a client moves to another county and is expected to continue to receive services, the Children's Service Worker will close the CS-67A. The worker will enter the new county code and new client address, if known, on the CS-67 to transfer the form to the new county. The new county will update the eligibility information on the CS-67 and complete a new authorization (CS-67A).
 - d) When an out-of-home care child is placed in a permanent placement (i.e., adoptive home, natural parent, independent living) outside the present county of residence, services, whether or not presently received in the county of residence, shall be provided if:
 - The services are vital to the success of the placement; and

- There is a provider available to provide the service.
- e) Review turnaround for correctness, upon receipt.
- 4. Notify the client in writing at least ten (10) calendar days in advance when it is known that a provider's contract or license will not be renewed, or a CTS service is being terminated.
 - a) Submit a copy of the letter (CS-41 for license expiration) to provider;
 - b) Assist the family, if requested, in securing another provider;
 - c) Close the CS-67A which authorized services from a non-contracted provider on the date of contract expiration or earlier if the child moves to another provider. SEAS will not allow payments during the time a contract or license is not valid; and
 - d) Complete a CS-67A authorizing services with a new provider if child moves to another provider (day care).
- 5. Monitor the family members' use of the service resource.
 - a) Set up and attend a conference with the provider, if he/she is not fulfilling the planned agreement with the family members or the Division.
 - b) Review activity with family members if they are failing to use the service appropriately;
- 6. Record the use of the service in case narrative, as appropriate, but at a minimum of every 30 days.

5.9 Evaluation of Contracted Services

The overall quality of the service delivered by the treatment provider must be evaluated constantly to ensure that family members receive appropriate interventions.

If, for any reason, CTS delivery fails to meet the standards sought for each household, the Children's Service Worker must take immediate steps to rectify the situation.

5.9.1 Provider Compliance Issues

The following components of the provider's activities should be assessed before generating payment or reauthorizing services:

- Did the provider begin service delivery promptly?

- Was the provider's initial 30-day report received on time?
- Is the provider available to discuss the service delivery and results with the Children's Service Worker?
- Were the provider's subsequent 60-day reports received in a timely manner?
- Did the provider consistently report changes?

If the provider fails to meet CD standards outlined above, the Children's Service Worker must promptly clarify agency expectations with the service provider. In the event compliance issues remain unmet, payment shall be suspended until the full contracted service is delivered. To suspend payment, the worker should provide the SEAS payment designee with a full account of the reasons payment should be suspended. Once the compliance issues are resolved, the worker should notify the SEAS payment designee to allow payment.

5.9.2 Provider Effectiveness Issues

If the provider's level of effectiveness is not adequate, the Children's Service Worker must take care to reiterate the purpose and goals of the original referral. The provider's input must be sought and, where necessary, the treatment plan adjusted in order to secure quality services. Continued ineffective service delivery should result in the withdrawal of authorizations and the selection of a new resource.

The following issues should be considered when evaluating the effectiveness of the contracted service provider:

- Did the provider establish a constructive relationship with household members?
- Were the provider's activities appropriate?
- Has there been progress toward achieving desired outcomes for the family?
- Do family members feel they have benefited from the service?
- Does the provider identify specific areas of progress or benefit for the family?

MEMORANDA HISTORY: